SCHEDULE B (FEC Form 3X)		FOR	INE NUMBER: PAGE25712(OF 259560							
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		only one)		7.00					
	Detailed Summary Page			12 18a	23 28b	24 28c	2		26 30b	
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or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
ActBlue										
Full Name (Last, First, Middle Initial)										
A. JOHN CARRIGAN			Da	Date of Disbursement						
			M	M M / D D / Y Y Y Y						
Mailing Address 6309 HANSGBROUGH WAY				06	16	6	201	5		
City	State Zip Code									
INDIANAPOLIS	IN 46268		T	ransact	ion ID	: SB28A	_19254	926		
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Mailing Address 6309 HANSGBROUGH WAY	State Zip Code		M	06 /	16	5	201	5]	
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Mailing Address 6309 HANSGBROUGH WAY City S INDIANAPOLIS Purpose of Disbursement Contribution Refund			T Am	06	16	5	2019	266	iod	
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